

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11700

Do not use this space.

1. PLACE OF DEATH
(a) County Marion Registration District No. 548
(b) Township Liberty Primary Registration District No. 5740 Registered No. 22
(c) City..... (d) Street No. Marion County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 245 Miss Jennie McCelland
Palmyra, Mo. St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1869
7. AGE YEARS 70 MONTHS 11 DAYS 28 If LESS than 1 day, hrs. or min.

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Lewis County, Mo. (STATE OR COUNTRY)

- FATHER 13. NAME William McCelland
14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

- MOTHER 15. MAIDEN NAME Sarah Clark
16. BIRTHPLACE (CITY OR TOWN) Jasper county, Ill. (STATE OR COUNTRY)

17. INFORMANT Mrs. Sadie Harrison (ADDRESS) Lagrange, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo. PLACE Greenwood Cemetery 4/4/40

19. FUNERAL DIRECTOR (NAME) Levin Bros (ADDRESS) Palmyra, Mo.

20. FILED April 4, 1940 Gertrude Lee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1939 to April 2, 1940

I last saw him alive on April 2, 1940 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

acute Parenchymatous Nephritis Date of onset about Mar 1939

Due to Other contributory causes of importance: Suppurative Joints age 162

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Dr. J. H. Shuttman M. D.

(Address) Palmyra, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Me

....., or by,
Registered Apprentice No....., working under my personal supervision.

Signed.....

Georg. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.